

EQUIPMENT REPAIR REQUEST

CHSO Name: _____ **Phone:** _____

Bureau: Compliance _____ Consultative _____

Location: Raleigh _____ Wilmington _____ Charlotte _____ Asheville _____ Winston-Salem _____

Type of Equipment: Sound Level Meter & Calibrator _____ Air Sampling Pumps _____
Noise Dosimeter & Calibrator _____ Air Pressure Gauge _____ Velometer _____
Other _____
(Print Name of Equipment)

Manufacture: Quest _____ Alnor _____ Gilian _____ Other: _____

Model: _____

Mfr. Serial Number(s): _____; _____; _____;
_____; _____; _____.

Fixed Asset Number: _____

Is Equipment New? Yes _____ No _____ **If yes, is it still under warranty?** Yes _____ No _____

Repair Requested: Routine Calibration _____ Repair _____

If other than annual calibration, describe in detail, in space below, what the unit is, or not, doing. Specific Problem identification and operating anomalies are needed to investigate the problem being experienced by user.

Date Entered Raleigh Lab: _____ **Delivered By:** _____

Received by: _____

Date Repair Completed: _____

Date Returned to Field Office: _____ **Returned to:** _____

PLEASE FOLLOW-UP WITH CURT DAVIS IF EQUIPMENT IS NOT RETURNED.